



Attorney's Docket No. 702-010717

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial No.: 09/831,001 Filing Date: September 19, 2001
Examiner: Cindy T.C. Cuypers et al. Group Art Unit: 1723
Invention: Device for Treating a Gas/Liquid Mixture

Transmitted herewith is an Amendment in the above-identified application.

Small Entity Status is/has been asserted for this application under 37 CFR 1.27.
 A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.
 No additional fee is required.
 The fee has been calculated as shown below:

No of Claims After <u>Amendment</u>	Highest No. Previously <u>Paid For</u>	Present <u>Extra</u>	Small Entity <u>Rate</u>	Non-Small Entity <u>Rate</u>	<u>Charge</u>
Total <u>20</u>	<u>20</u>		x \$ <u>9.00</u>	x \$ <u>18.00</u>	\$ _____
Indep. <u>3</u>	<u>3</u>		x \$ <u>44.00</u>	x \$ <u>88.00</u>	\$ _____
First Presentation of Multiple Dependent Claim/s				+ \$ <u>150.00</u>	+ \$ <u>300.00</u>
TOTAL ADDITIONAL FEE					\$ _____

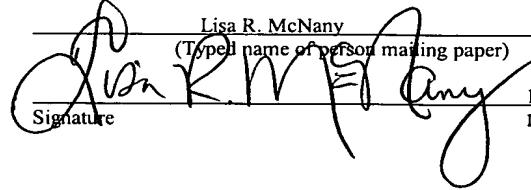
A check in the amount of \$ _____ is enclosed to cover the filing fee.
 A check in the amount of \$ 430.00 is enclosed for a 2 month Petition for Extension of Time.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. An original and two copies of this sheet are enclosed.
 Any additional filing fees required under 37 CFR 1.16.
 Any patent application processing fees under 37 CFR 1.17.

November 3, 2004

Date

By


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Signature

11/3/2004
Date

Application No. 09/831,001
Paper Dated: November 3, 2004
Attorney Docket No. 702-010717

The Commissioner for Patents is hereby authorized to charge any additional fees which may be required to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. The original and two copies of this Petition are enclosed.

Respectfully submitted,

WEBB ZIESENHEIM LOGSDON
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